	C	Connecticut D	epartment of	Public H	lealth	Drink	ing V	Vater	Se	ction	
			Quality Monit								
PWS ID	Р	WS Name		0		Classifica				ner Type P	rimary Sourc
CT042041	12 N	IELSONS CAMPGROU	ND - AREA G			NC				Р	GW
Local Add	dress (wh	ere applicable)		Service	Resident	ial Comr	nercial	ercial Industrial		Combined	Agricultura
71 MOTT	HILL ROA	AD		Connections	1						_
Towns Se	rved:			"	1	'			1		1
			Monito	oring Requ	uiremei	nts					
Water Sy	ystem Fa	acility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Co	oliform	(3100)						1	rou	tine (RT)	per quarter
Sam	pling Po	int (Sampling Point ID)		Monitorir	ng Period	Colle	ction Pe	riod	Compli	ance Status
Selec	ct from I	nventory of Active Sar	npling Points		4/1/19 -	6/30/19				Co	mplete
					7/1/19 -	9/30/19					
Physical	l Param	eters (PPS)						1	rou		per quarter
		int (Sampling Point ID	-		Monitorin		Colle	ction Pe	riod	Compli	ance Status
Selec	ct from I	nventory of Active Sar	npling Points		4/1/19 -					Co	mplete
					7/1/19 -	9/30/19					
Water Sy	ystem Fa	acility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate A	And Nit	rite (NOX)							1	routine (F	T) per year
		int (Sampling Point ID	<u>)</u>		Monitorin		Colle	ction Pe	riod	Compli	ance Status
ENTF	RY POINT	(3)			1/1/18 - 1	12/31/18	2	1/1-9/30			mplete
					1/1/19 - 1	12/31/19	4	1/1-9/30		Co	mplete
					1/1/20 - 1	12/31/20	4	1/1-9/30			
			Other C	ompliance	Sched	ules					
Complian	ice Sched	lule Activity			E	Due Date		Achie	ved	Date	
CROSS CC	ONNECTIO	ON SURVEY REPORT			3	3/1/2020					
		Wat	er System Facili	ty and Sai	mpling	Point I	nvent	ory			
Water							Total	Lead	and		
System		System Facility	Sampling Point		int		Colifor				Stage
Facility ID	D		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIE	BUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	I A					
			E24	SITE E24		Α					
			UPSTREAM	WITHIN 5 SEF	RVICE CON	I A					
00700	ENTRY	POINT	3	ENTRY POINT	•	Α					
20055	WELL		2	WELL		Α					
58890	ATM ST	TORAGE									
			Con	tact Infori	mation						
Name			0	rganization						Job Title	
Mr. Glenr	n Gustine	2		ustine Propert	ies. Inc.		F	resident			

			С	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Glenn Gustine				Gustine Prop	Gustine Properties, Inc.				
Mailing Address Line One Mailing A				ress Line Two			City	State	Zip Code
67 Mott Hill Road						East Har	mpton	СТ	06424
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress		
860-267-5309		860-267-	5312		860-883-7960				
Contact Role(s): Le	gal Contact								

(Jonnectic	ut Depa	rumei	it oi	Public	неани	ווזעו	ıkıng	water	Sec	cuon	
	Wa	ter Qual	lity M	onit	oring ar	nd Con	nplia	nce S	chedul	le		
PWS ID F	PWS Name						Classif	ication	Population	Owne	er Type I	Primary Source
CT0420412	NELSONS CAMP	GROUND - A	REA G				N	IC	50		Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmercia	l Industri	al C	Combined	d Agricultura
71 MOTT HILL RO	AD				Connection	1						
Towns Served:									'			
Name				Or	ganization						Job Title	
Mr. Bruce Gustin	e		Gu	stine Propei	rties Inc			Vice President				
Mailing Address L	Address	Line Two				City		State	Zip Code			
71 Mott Hill Road			Wolf's De	en Fami	ily Campgro	und		East Ha	mpton		CT	06424
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	ddress			
860-267-5364		860-267-5	5312			888-883	-7957	gustine	srV@msn.c	om		
Contact Role(s):	Legal Contact, (Owner										
Name				Or	ganization						Job Title	
Miss Colynn Hodg	зе			Gu	istine Propei	rties Inc						
Mailing Address L	ine One		Mailing A	Address	Line Two				City		State	Zip Code
71 Mott Hill Road								East Ha	mpton		CT	06424
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	ddress			
860-267-5364		860-267-5	5312	860-88	83-7962	860-883	-7962	gustine	srv@msn.c	om		
000-207-3304		000-207-3	7.512	300-86	03 / 302	300-063	7 302	Бизинс	31 4 @ 111311.0	0111		

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Conne	ecticut Department of P	ublic Health Drinki	ng Water Se	ction
	Water Quality Monitor		O	
PWS ID PWS Nam	<u> </u>			er Type Primary Sourc
CT0420064 BETHLEHI	EM LUTHERAN CHURCH	NC	25	P GW
Local Address (where appl	icable) Se	rvice Residential Comme	ercial Industrial	Combined Agricultura
1 EAST HIGH STREET	Co	onnections 1		_
Towns Served: EAST HAMI	PTON			
	Monitori	ng Requirements		
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Total Coliform (3100)			1 rou	tine (RT) per quarter
Sampling Point (Sam	pling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points	10/1/18 - 12/31/18		Complete
		1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		
		7/1/19 - 9/30/19		
Physical Parameters (F				tine (RT) per quarter
Sampling Point (Sam	· · · · · · · · · · · · · · · · · · ·	Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points	10/1/18 - 12/31/18		Complete
		1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		
		7/1/19 - 9/30/19		
	TREATMENT PLANT (WSF ID: 0070	01)		
Nitrate And Nitrite (No	•			routine (RT) per year
Sampling Point (Sam		Monitoring Period	Collection Period	Compliance Status
TREATMENT PLANT (3)	1/1/18 - 12/31/18		Complete
		1/1/19 - 12/31/19		
		1/1/20 - 12/31/20		
	nthly Water System Facility	• •	ng Requiremen	nts
	TREATMENT PLANT (WSFID: 0070)	•		
Analyte	Monitoring Requirement (Summary			Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 F	PH	4
Start Date: 12/1/2011	L	Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		
	Oth on Com	4/1/2019 - 4/30/2019		
Compliance Schodule Acti		ipliance Schedules	Achieved I	Data
Compliance Schedule Acti RESPOND TO SANITARY SU		Due Date	Acnieved I	Jule
		5/14/2014	11/20/20	110
CORRECTIVE ACTION/COR		11/29/2018	11/20/20	710
	Water System Facility	and Sampling Point In		
Water			Total Lead and	

DISTRIBUTION SYSTEM

Description

Coliform

Rule

Υ

Status

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

4

Water System Facility

DISTRIBUTION SYSTEM

System

Facility ID

00600

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Classification	n Po	pulation	Owner Type	Primary Source
CT0420064	BETHLEHEM LUTHERAN CHURCH			NC		25	Р	GW
Local Address (where applicable)	Service	Residen	itial Comme	ercial	Industri	al Combine	ed Agricultural
1 EAST HIGH ST	REET	Connections		1				

Water System Facility and Sampling Point Inventory												
Water System Water System Facility	Sampling Point	Sampling Point		Total Coliform				age				
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 D	OBPR				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
	UPSTREAM	WITHIN 5 SERVICE CON	Α									
00701 TREATMENT PLANT	3	TREATMENT PLANT	Α									
57849 WELL 3	2	WELL 3	Α									

			Co	ontact Inf	ormation				
Name		Organization	1	Job Title					
Mr. Ralph Stoeckle		Bethlehem L	Bethlehem Lutheran Church						
Mailing Address Lin	e One		Mailing Addr	ress Line Two		City	State	Zip Code	
P.O. Box 31						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-267-4272					860-984-5094				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

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	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0420104	PATS MARKET COBALT, LLC				NC	25	Р	GW				
Local Address (w	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural				
363 AND 369 WEST HIGH STREET Connections					1							
Towns Served: EAST HAMPTON												

Local / ladi ess (Wilei e applicable)		50.000	ricoraciicia	00111111	Ci ciai	aastiiai	COMMINICA	, ignicalital a
363 AND 369 WEST HIGH STREET		Connections	3	1				
Towns Served: EAST HAMPTON								I
	Moni	toring Req	uirement	S				
Water System Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Coliform (3100)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collection Period Complian			nce Status
Select from Inventory of Active Sampli	ng Points		10/1/18 - 12	/31/18			Cor	nplete
			1/1/19 - 3/	31/19				
			4/1/19 - 6/	30/19				
			7/1/19 - 9/	30/19				
Physical Parameters (PPS)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Perio	d Complia	nce Status
Select from Inventory of Active Sampli	ng Points		10/1/18 - 12	/31/18			Cor	nplete
			1/1/19 - 3/	31/19				
			4/1/19 - 6/	30/19				
			7/1/19 - 9/	30/19				
Water System Facility: ENTRY POINT	(WSF ID: 0070	0)						
Nitrate (1040)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Perio	d Complia	nce Status
ENTRY POINT (3)			10/1/18 - 12	/31/18			Cor	nplete
			1/1/19 - 3/	31/19				
			4/1/19 - 6/	30/19				
			7/1/19 - 9/	30/19				
Nitrite (1041)							1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Perio	d Complia	nce Status
ENTRY POINT (3)			1/1/18 - 12	/31/18			Cor	nplete
			1/1/19 - 12	/31/19				
			1/1/20 - 12	/31/20				
	Public No	tification F	Requirem	ents				
								<i>c.</i>
Violetian /Cityatian		Compliance	Notice	Publ	ic Notifica	ition	PN Certi	fication
Violation/Situation		Compliance Period	Notice Tier		<u>ic Notifica</u> ed Per		PN Certi Due to DPH	<u>Received</u>
Total Coliform MCL Violation	10/	•	Tier		ed Per		PN Certi Due to DPH 12/17/2012	
Total Coliform MCL Violation	10/ System Fac	Period 1/12 - 12/31/12	Tier 2 2	Requir 12/7/20	red Per	formed	Due to DPH	
Total Coliform MCL Violation		Period 1/12 - 12/31/12	Tier 2 2	Requir 12/7/20	red Per	formed	Due to DPH 12/17/2012	
Total Coliform MCL Violation Water	System Faci	Period 1/12 - 12/31/12	Tier 2 2 mpling P	Requir 12/7/20 oint In	ed Per 012 ventor	formed 'Y	Due to DPH 12/17/2012 d	Received
Total Coliform MCL Violation Water Water	System Faci	Period 1/12 - 12/31/12 ility and Sa	Tier 2 2 mpling P	Requir 12/7/20 oint In	ped Per 012 ventor Total	Y Lead an Coppe	Due to DPH 12/17/2012 d	Received
Total Coliform MCL Violation Water Water System Water System Facility	System Fac	Period 1/12 - 12/31/12 ility and Sa at Sampling Po	Tier 2 2 mpling Point	Requir 12/7/20 pint In	ventor Total Coliform	Y Lead an Coppe	Due to DPH 12/17/2012 d	Received Stage
Total Coliform MCL Violation Water Water System Water System Facility Facility ID	System Fac	Period 1/12 - 12/31/12 ility and Sa It Sampling Po Description	Tier 2 2 mpling Point N SYSTEM	Requir 12/7/20 pint In	ventor Total Coliform Rule	Y Lead an Coppe	Due to DPH 12/17/2012 d	Received Stage
Total Coliform MCL Violation Water Water System Water System Facility Facility ID	System Fac	Period 1/12 - 12/31/12 ility and Sa at Sampling Po Description DISTRIBUTIO	Tier 2 2 mpling Point N SYSTEM RVICE CON	Requir 12/7/20 Dint In Status A	ventor Total Coliform Rule	Y Lead an Coppe	Due to DPH 12/17/2012 d	Received Stage
Total Coliform MCL Violation Water Water System Water System Facility Facility ID	System Facing Point ID 4 DOWNSTREAR	Period 1/12 - 12/31/12 ility and Sa it Sampling Po Description DISTRIBUTIO M WITHIN 5 SE	Tier 2 2 mpling Perint N SYSTEM RVICE CON	Requir 12/7/20 Dint In Status A A	ventor Total Coliform Rule	Y Lead an Coppe	Due to DPH 12/17/2012 d	Received Stage

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420104	PATS MARKET COBALT, LLC			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
363 AND 369 V	/EST HIGH STREET	Connections		1			

			С	ontact Inf	ormation				
Name				Organization	1		Job Title		
Ms. Patricia A. Knislis				K Enterprise	S				
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code
293 Highcrest Rd						Wethers	field	СТ	06109
Business Phone Extension Fax M				obile Phone	Emergency Phone	Email Ad	dress	•	
860-267-5833					860-529-0844				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Pu	ıblic H	ealth	Dı	rinking	g Water	Section	
	Water Quality Monitori	ng and	d Con	ıpl	iance S	Schedul	e	
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0420144	37 EAST HIGH STREET		NC		25	Р	GW	
Local Address	(where applicable) Ser	vice	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
	Cor	nections			1			
Towns Served	: EAST HAMPTON	'				1	1	'
	Monitorin	ıg Requ	ireme	nts	;			

Towns Served: EAST HAMPTON		•	·		·	
	Monitoring Requ	irement	s			
Water System Facility: DISTRIBUTION SYSTEM	M (WSF ID: 00600)					
Total Coliform (3100)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Point	ts :	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Point	ts :	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF II	D: 00700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ınce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Water System Facility: WELL (WSF ID: 20797	')					
E. Coli (3014)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ince Status
WELL (2)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
(Other Compliance	Schedu	les			
Compliance Schedule Activity	•		e Date	Achieve	ed Date	
RESPOND TO SANITARY SURVEY		8/2	4/2016			
Pul	blic Notification R	equirem	nents			
	Compliance	Notice		otification_	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed		Received
			- 1 1		- 1- 1	

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform MCL Violation	4/1/14 - 6/30/14	2	6/26/2014		7/6/2014						
Total Coliform MCL Violation	4/1/14 - 6/30/14	1	6/26/2014		7/6/2014						

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ! DBPR		
00600	DISTRIBUTION SYSTEM	37EHS1	3 BAY SINK	Α	Υ						
		37EHS2	HAND SINK	Α	Υ						

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		8					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420144	37 EAST HIGH STREET	NC	NC 25		GW		
Local Address	(where applicable)	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Wa	ater System Facili	ity and Sampling P	oint li	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
	37EHS3	MENS ROOM	Α	Υ			
	37EHS4	WOMENS ROOM	Α	Υ			
	37EHS5	JANITOR ROOM	Α	Υ			
	37EHS6	FRONT COUNTER SINK	Α	Υ			
	4	DISTRIBUTION SYSTEM	Α	Υ			
	4DSA	KITCHEN SINK TAP	Α	Υ			
	4DSB	BATHROOM SINK TAP	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
20797 WELL	2	WELL	Α				
E7270 TDEATMENT DIANT							

57270 TREATMENT PLANT

Contact Information												
Name	lame						Job Title					
Mr. Edward Jackowitz				Д	American Equ	uity Vi LLC	Managing Member					
Mailing Address Lin	e One		Mailing	Addres	ress Line Two			City		Zip Code		
31 East High Street			P.O. Box	319			East Har	npton	СТ	06424		
Business Phone Extension Fax M					ile Phone	Emergency Phone	ne Email Address					
860-267-4444		860-267-2	L111	860-	214-3779	14-3779 ecj@whazel.com						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

	Conne	cticut Department of P	ublic H	lealth D	rinki	ng V	Vater	Sect	tion		
		Water Quality Monitor	ing an	d Comp	liance	e Sc	hedule	9			
PWS ID	PWS Name	2		Cla	ssificatio	on Po	pulation	Owner	r Type Pri	imary Source	
CT0420184	EAST HAM	IPTON FIRE STATION #1			NC		25	L	-	GW	
Local Address	(where applied	,	ervice	Residential	Comme	ercial	Industria	I Co	ombined	Agricultural	
3 BARTON HIL	L ROAD	Co	onnections		1						
Towns Served:	: EAST HAMP	TON									
		Monitori	ng Requ	uirements	S						
Water Syster	m Facility: I	DISTRIBUTION SYSTEM (WSF ID: 0	00600)								
Total Colifor	rm (3100)						1	routi	ne (RT) p	er quarter	
Sampling	g Point (Samp	ling Point ID)		Monitoring I	Period	Colle	ection Peri	iod	Complia	ınce Status	
Select fro	m Inventory	of Active Sampling Points		10/1/18 - 12/	/31/18				Cor	nplete	
				1/1/19 - 3/3	31/19				Cor	nplete	
				4/1/19 - 6/3	30/19						
				7/1/19 - 9/3	30/19						
Physical Par	ameters (P	PS)					1	routi	ne (RT) p	er quarter	
Sampling	g Point (Samp	ling Point ID)		Monitoring I	Period	Colle	ection Peri	iod	Complia	ince Status	
Select fro	m Inventory	of Active Sampling Points		10/1/18 - 12/	/31/18				Cor	nplete	
				1/1/19 - 3/3	31/19				Cor	nplete	
				4/1/19 - 6/3							
				7/1/19 - 9/3	30/19						
Water Syster	m Facility: I	ENTRY POINT (WSF ID: 00700)									
Nitrate And	Nitrite (NO)X)						1 ro	utine (R	Γ) per year	
Sampling	g Point (Samp	ling Point ID)		Monitoring I	Period	Coll	ection Peri	iod	Complia	ince Status	
ENTRY PO	OINT (3)			1/1/18 - 12/	31/18				Cor	nplete	
				1/1/19 - 12/	31/19				Cor	nplete	
				1/1/20 - 12/	31/20						
Water Syster	m Facility:	WELL (WSF ID: 20800)									
E. Coli (3014	4)						1	routi	ne (RT) p	er quarter	
Sampling	g Point (Samp	ling Point ID)		Monitoring I	Period	Colle	ection Peri	iod	Complia	ince Status	
WELL (2)				10/1/18 - 12/	/31/18				Cor	nplete	
				1/1/19 - 3/3	31/19				Cor	nplete	
				4/1/19 - 6/3	30/19						
				7/1/19 - 9/3	30/19						
	Mon	thly Water System Facility	(WSF)	Level Mo	nitorir	ng Ro	equiren	nent	S		
Water Syster	m Facility: E	NTRY POINT (WSFID: 00700)									
Analyte		Monitoring Requirement (Summary	Type)	Operati	ng Limit			Sa	mples Re	q/Month	
pН		Entry Point pH Monitoring (PHRD)			m: 7.0 P				4		
•	: 12/1/2014		Complia	ance History:		Oper	ating Limit		Monitori	ng	
	·	Monito	ring Period		oliance Sta			nce Status:			
			11/1/20	18 - 11/30/20						N	
			12/1/20	12/1/2018 - 12/31/2018					N		
			1/1/201	.9 - 1/31/201	9				-	N	
			2/1/2019 - 2/28/2019							N	
			2/4/204	0 2/21/201							

3/1/2019 - 3/31/2019 4/1/2019 - 4/30/2019

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification		Population	Owne	er Type F	Primary Source				
CT0420184	EAST HAMPTON FIRE STATION #1				NC	25	I	L	GW			
Local Address (where applicable) Service Resid					Commercia	al Industri	al Co	ombined	d Agricultural			
3 BARTON HILL I	ROAD	Connections			1							

: ::: • • • • • • • • • • • • • • • •												
Towns Served	: EAST HAMPTON											
		Water S	ystem Facil	lity and S	Sampling Po	oint	Invent	ory				
Water System W Facility ID	ater System Facili		Sampling Point	-	Point	Statu	Total Colifor	Lead and m Copper		Stage WQP 2 DBPR		
	STRIBUTION SYSTE	M	4	-	TION SYSTEM	A	Υ					
			DOWNSTREAM			Α						
			FS#1-1	KITCHEN S		Р	Υ	N				
			FS1K3		VEL KITCHEN	Α	Υ					
			FS1R2	LOWER LE	VEL RESTROOM	I A	Υ					
			FS1U1		TILITY SINK	Α	Υ					
			FS1WR4	UP WOMI	EN'S RESTROOM	I A	Υ					
			FS2MR5		RESTROOM	Α	Υ					
			UPSTREAM		SERVICE CON	Α						
00700 EN	ITRY POINT		3	ENTRY PO	INT	Α						
20800 W	ELL		2	WELL		Α						
56860 TR	EATMENT PLANT											
			Cor	ntact Info	ormation							
Name				Organization					Job Title			
Town of East	Hampton			71801112011011					JOB TILIC			
Mailing Addre	-		Mailing Addre	ss Line Two				City	State	Zip Code		
20 East High S				55 25 1175		E	ast Ham	•	СТ	06424		
Business Ph		Fax	Mob	ile Phone	Emergency Ph							
860-267-2					, , , , , , , , , , , , , , , , , , ,							
Contact Role	(s): Owner		<u> </u>									
Name			C	Organization					Job Title			
East Hampto	n Fire Company #:	1										
Mailing Addre	ess Line One		Mailing Addre	ss Line Two				City	State	Zip Code		
3 Barton Hill	Road					E	ast Hamı	oton	СТ	06424		
Business Ph	none Extension	Fax	Mob	ile Phone	Emergency Ph	one E	mail Add	ress				
860-267-1	012											
Contact Role((s): Owner											
Name			C	Organization					Job Title			
Mr. Michael Maniscalco		Т	own of East	Hampton		Т	own Manage	er				
Mailing Addre	Mailing Address Line One Mailing Add		Mailing Addre	ss Line Two				City	State	Zip Code		
20 East High S							ast Ham		СТ	06424		
Business Ph				ile Phone	Emergency Ph	Phone Email Address						
860-267-4468 860-267-1027			1027	860-982-0790 m				mmaniscalco@easthamptonct.gov				

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quarrey 1-10111c	or mg am	u u u	Ч	idiioo t	onoaa		
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0420184	T0420184 EAST HAMPTON FIRE STATION #1				NC	25	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
3 BARTON HILL ROAD		Connections			1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monito				ر	,		
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0420194	1420194 EAST HAMPTON FIRE STATION #2					25	L	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
366 WEST HIGH STREET		Connections			1			
Tarrina Camiradi.	FACT HANADTON							·

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON			
Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 6/30/18	1/1-6/30	Complete
Water System Facility: WELL (WSF ID: 20801)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/16/18 - 10/22/18		Complete
Water System Facility and S	ampling Point In	ventory	
Matar		Total Load and	

Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status Υ 4 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α Р FS#2-1 KITCHEN SINK Υ Ν

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of	I ublic II	Cartii	וע	שווואוווו	, water	Section	1	
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	le		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prima	ry Source
CT0420194			NC	25	L		GW		
Local Address (where applicable) Service Resid				tial	Commerci	al Industri	al Combir	ned Ag	ricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

366 WEST HIGH STREET

	W	ater System Facili	ity and Sampling Po	oint Ir	nvento	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		FS2K4	UPPER KITCHEN	Α	Υ				
		FS2MR5	UP MEN'S RESTROOM	Α	Υ				
		FS2O2	LOWER LEVEL OFFICE	Α	Υ				
		FS2R3	LOWER LEVEL RESTROOM	Α	Υ				
		FS2U1	LOWER UTILITY SINK	Α	Υ				
		FS2WR6	UP WOMEN'S RESTROOM	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20801	WELL	2	WELL	Α					
		Con	tact Information						

Name				Organization	1		Job Title	
Seven Hills Develor	oment Company	LLC						
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code
42 East High St						East Hampton	СТ	06424
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address		
Contact Role(s): O	wner							

Name			Organization		Job Title				
Mr. Michael Maniscalco Town of East H				Hampton		Town Manager			
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
20 East High Street						East Han	npton	СТ	06424
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ac	dress		
860-267-4468		860-267-	1027		860-982-0790	mmaniso	calco@easthamp	tonct.g	ov
0						*			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	toring an	d Con	npl	liance S	Schedul	e	
PWS ID	ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0420214	KICKBACK N BOWL					28	Р	GW
Local Address (\	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
9 BEAR SWAMP		Connections			1			
Towns Served: I	EAST HAMPTON							
	Monit	oring Regu	iireme	nts				

Monitoring Po	quiromonts			
Monitoring Re	quirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Total Coliform (3100)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Physical Parameters (PPS)		1 routine (RT) per quarte		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19			
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19		·	
	1/1/20 - 12/31/20			
Monthly Water System Facility (WSI		ng Requiremen	ts	
Water System Facility: ENTRY POINT (WSFID: 00700)	, Level Worldon	ng negan cinen		

Moi	nthly Water System Facility	(WSF) Lev	el Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte Monitoring Requirement (Summary Type) Operating Limit				:	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7 PF	4	
Start Date: 11/1/2013	3	Compliance	mpliance History: Operating Limit		Monitoring
		Monitoring I	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	/28/2019		N
		3/1/2019 - 3	/31/2019		
		4/1/2019 - 4	/30/2019		

Water System Facility and Sampling Point Inventory Water **Total** Lead and System **Water System Facility** Sampling Point Sampling Point Coliform Copper Stage ID **Description** Facility ID Rule Tier Asbestos WQP 2 DBPR Rule Status 4 **DISTRIBUTION SYSTEM** Υ 00600 **DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 20803 WELL WELL Α

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 <i>-</i>			1				
PWS ID	PWS Name				Classific	cation P	opulation	Owner Type	Primary Source
CT0420214	KICKBACK N BOWL				NO	С	28	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Cor	mmercial	Industria	al Combine	ed Agricultural
9 BEAR SWAMP			Connections			1			

Wat	er System Facili	ity and Samplin	g Point Inv	ventor	у		
Water	Campling Boint	Sampling Point			Lead and		Chama
System Water System Facility	, ,	, 3		•	Copper	A - l t	Stage
Facility ID	ID	Description	Status	Ruie	Kule Her	Aspestos	WQP 2 DBPR
EQAQ1 TDEATMENT DIANT							

	Contact Information							
	Organization			Job Title				
	Kickback N Bowl			Owner				
lailing Addr	Address Line Two			City	State	Zip Code		
.O. Box 45		East Hampton		СТ	06424			
Mo	bile Phone	Emergency Phone	Email Ad	dress				
' 40			kickbacknbowl@gmail.com					
.(O. Box 45	Mobile Phone	O. Box 45 Mobile Phone Emergency Phone	O. Box 45 East Ham Mobile Phone Emergency Phone Email Ad	O. Box 45 East Hampton Mobile Phone Emergency Phone Email Address	O. Box 45 East Hampton CT Mobile Phone Emergency Phone Email Address		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen Water Quality Mo				_	,		ection	
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT0420264	FOOD BAG - EAST HIGH STREET				NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combine	d Agricultural
34 EAST HIGH	STREET			1					
			*						

eriod Collection Po 31/18 1/19 0/19 0/19	Complete Complete 1 routine (RT) per quarter
eriod Collection Po 31/18 1/19 1/19 1/19 1/19 1/19 1/19 1/19 1/19	Compliance Status Complete Complete Complete 1 routine (RT) per quarter Period Compliance Status Complete
eriod Collection Po 31/18 1/19 1/19 1/19 1/19 1/19 1/19 1/19 1/19	Compliance Status Complete Complete Complete 1 routine (RT) per quarter Period Compliance Status Complete
31/18 1/19 0/19 0/19 eriod Collection Po 31/18 1/19	Complete Complete 1 routine (RT) per quarter Compliance Status Complete
1/19 0/19 0/19 eriod Collection Po 31/18 1/19 0/19	Complete 1 routine (RT) per quarter eriod Compliance Status Complete
0/19 0/19 eriod Collection Po 31/18 1/19 0/19	1 routine (RT) per quarter eriod Compliance Status Complete
0/19 eriod Collection Po 31/18 1/19 0/19	Compliance Status Complete
eriod Collection Po 31/18 1/19 0/19	Compliance Status Complete
eriod Collection Po 31/18 1/19 0/19	Compliance Status Complete
31/18 1/19 0/19	Complete
1/19 0/19	· · · · · · · · · · · · · · · · · · ·
)/19	Complete
-	
)/19	
	1 routine (RT) per year
eriod Collection Po	eriod Compliance Status
1/18	
1/19	Complete
1/20	
	1 routine (RT) per quarter
eriod Collection Po	eriod Compliance Status
31/18	Complete
1/19	Complete
)/19	
)/19	
ents	
	PN Certification
Public Notification	ed Due to DPH Received
	19 2/23/2020 3/6/2019
13	/31/18 11/19 10/19 10/19 ents Public Notification

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	 Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		4DS	BATHROOM SINK TAP	Α	Υ			
		4DSA	UTILITY SINK TAP	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				

	Connecticut Department of	Public H	lealth	Dı	rinking	Water	Section	
	Water Quality Monito	oring and	d Con	npl	iance S	chedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0420264	FOOD BAG - EAST HIGH STREET				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural
34 EAST HIGH	STREET	Connections			1			

	Wa	ter System Facili	ity and Samplin	g Point Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	•	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
20808	WELL	2	WELL	Α				
47244	FOOD BAG WTP							

nent Group ergency Phone	Kensington	ec Coordinator City St.	Title ate	Zip Code 06037
•	Kensington Email Addre	Stity St.		•
ergency Phone	Kensington Email Addre	ess		•
ergency Phone	Email Addre	ess	T	06037
ergency Phone				
	lbeaudoin@			
	_	atiantismgmt.co	m	
		Job	Title	
oup	Ce	0		
	C	City St	ate	Zip Code
	Mount Verr	non N	1Y	10550
ergency Phone	Email Addre	ess		
	tumay@atla	antismgmt.com		
	•	Mount Verreergency Phone Email Addre	City Sta	City State Mount Vernon NY ergency Phone Email Address

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Public H	ealth D	rinki	ng V	Vater S	ection	
	Water Qua	ality Monit	oring and	d Comp	lianc	e Scl	nedule		
PWS ID	PWS Name			Cla	assificati	on Po	pulation O	wner Type Pi	rimary Source
CT0420274	FOOD BAG				NC		25	Р	GW
Local Address	(where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultural
1 COLCHESTER	AVENUE		Connections		1				
Towns Served:	EAST HAMPTON								
		Monito	oring Requ	irement	S				
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 rc	outine (RT) լ	oer quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	d Compli	ance Status
Select fro	m Inventory of Active Samplir	ng Points		10/1/18 - 12	/31/18			Co	mplete
				1/1/19 - 3/3				Co	mplete
				4/1/19 - 6/3					
				7/1/19 - 9/	30/19				
-	ameters (PPS)							outine (RT) ¡	· •
	Point (Sampling Point ID)			Monitoring		Colle	ction Perio		ance Status
Select fro	m Inventory of Active Samplir	ng Points	-	10/1/18 - 12					mplete
				1/1/19 - 3/3				Co	mplete
				4/1/19 - 6/3	-				
Mator Custon	o Focility CNTDY DOINT	(MCE ID: 00700)		7/1/19 - 9/3	30/19				
-	n Facility: ENTRY POINT (W3F ID: 00700)						1tima /D	T\
	Nitrite (NOX) Point (Sampling Point ID)			Monitoring	Pariod	Colla	ction Perio	1 routine (R	ance Status
ENTRY PC				1/1/18 - 12/		Cone	Clion Peno	-	mplete
ENTRIPO)			1/1/19 - 12/					mplete
				1/1/20 - 12/				CO	inpiete
Water Systen	n Facility: WELL (WSF ID:	20809)		1/1/20 12/	31/20				
E. Coli (3014		200037					1 r	outine (RT) į	oor quarter
•	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio		ance Status
WELL (2)	· · · · · · · · · · · · · · · · · · ·			10/1/18 - 12		00110	0		mplete
***************************************			-	1/1/19 - 3/3					mplete
				4/1/19 - 6/3					
				7/1/19 - 9/3	-				
	Water 9	System Facili	ty and Sar	npling Po	oint In	vent	ory		
Water						Total	Lead an	d	
	ter System Facility	Sampling Point		nt		Colifor			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		4DS	BATHROOM S		Α	Υ			
		4DSA	UTILITY SINK		Α	Υ			
					A				
		UPSTREAM	WITHIN 5 SER	VICE CON	A				
00700 ENT	TRY POINT	3	ENTRY POINT		Α				

Α

WELL

2

20809

TP01

WELL

TREATMENT PLANT

	Connecticut Department of Water Quality Monito				C			n	
PWS ID	PWS Name			Clas	ssification	Population	Owner Ty	pe Pr	rimary Source
CT0420274	FOOD BAG				NC	25	Р		GW
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industri	al Com	oined	Agricultural
1 COLCHESTER A	VENUE	Connections			1				

				Contact Inf	ormation				
Name				Organization	1			Job Title	<u> </u>
Mr. George Webb				General Equ	ities, Inc.		Exc. Vice P	resident	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
P.O. Box 7318			318 Ma	ain Street		Kensingt	on	CT	06037-7318
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress	-	
860-828-0333	103	860-828-	5827		860-828-0333	GWEBB(@GENERALE	QUITIES.CO	M
Contact Role(s): Le	egal Contact								
Name				Organization	1			Job Title	<u> </u>
Ms. Linda Beaudoi	n			Atlantis Man	nagement Group		Exec Coord	linator	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
318 Main Street			P.O. Bo	x 7318		Kensingt	nsington CT 060		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-828-0333	122	860-828-	6963			lbeaudo	in@atlantis	mgmt.com	
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	<u>, </u>
Mr. Tumay Basarar	nlar			Atlantis Mgn	nt Group		Ceo		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
555 South Columbu	ıs Avenue		Suite 2	01		Mount V	'ernon	NY	10550
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	'	
914-699-9500		914-699-	9400			tumay@	atlantismgr	nt.com	
Contact Role(s): O	wner			1	<u>'</u>				

Please note the following:

Towns Served: EAST HAMPTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecti	cut Departm	ent of	Public F	Health	D	rinki	ng W	/ater	Se	ction	
	W	ater Quality	Monit	oring an	d Com	ıpl	lianc	e Sch	redul	e		
PWS ID	PWS Name					Cla	ssificati	on Pop	ulation	Owr	ner Type F	Primary Source
CT042028	4 HADDAM NEC	K COVENANT CHURC	CH				NC		60		Р	GW
Local Add	ress (where applicable	e)		Service	Resident	tial	Comm	ercial	Industri	al	Combined	d Agricultura
17 HADDA	AM NECK ROAD			Connections			1					
Towns Ser	rved: EAST HAMPTON											
			Monit	oring Requ	uireme	nts	3					
Water Sy	stem Facility: DIS	TRIBUTION SYSTEM	/I (WSF I	D: 00600)								
	liform (3100)								1	rou	tine (RT)	per quarter
Samp	pling Point (Sampling	Point ID)			Monitori	ng F	Period	Collec	tion Pe	riod	Comp	liance Status
Selec	ct from Inventory of A	ctive Sampling Point	S		10/1/18 -	12/	/31/18				C	omplete
					1/1/19 -						C	omplete
					4/1/19 -							
					7/1/19 -	9/3	0/19					
	Parameters (PPS)											per quarter
_	Sampling Point (Sampling Point ID)				Monitorii			Collec	ction Pe	riod		liance Status
Selec	ct from Inventory of A	ctive Sampling Points	S		10/1/18 -							omplete
					1/1/19 -						C	omplete
					4/1/19 -		-					
\\/-+ C	otom Facility FAIT	DV DOINT /WCF ID	. 00700\		7/1/19 -	9/3	10/19					
•	stem Facility: ENT	KY POINT (WSF IL): 00700)									D=1
	And Nitrite (NOX)	Doint (D)			1 routine (RT) per y Monitoring Period Collection Period Compliance Sta							
	pling Point (Sampling	Point ID)						Conec	tion Pe	rioa		liance Status
ENIK	RY POINT (3)				1/1/18 - 1							omplete
					1/1/19 - :						C	omplete
		14/-1					-					
		Water Syster	n Facili	ity and Sa	mpling	PO	int in	vento	ory			
Water	Mateu Cuetous Facili	tu. Causani	line Deint	Committee Do	ta			Total	Lead			C 1
System Facility ID	Water System Facili	ту Затрі	ing Point ID	Sampling Po	int			Coliforn Rule			Achestos	Stage WQP 2 DBPI
00600	DISTRIBUTION SYSTE	ΕN.4	4	DISTRIBUTIO	NI CVCTENA	1	Status A	Y	Nuic	1161	ASDESTOS	WQI ZDDFI
00000	DISTRIBUTION STSTE			WITHIN 5 SE			A	ī				
			TREAM	WITHIN 5 SE			A					
00700	ENTRY POINT	UF3	3	ENTRY POINT		•	A					
20810	WELL		2	WELL	1		A					
55824	PRESSURE STORAGE			VVLLL								
55826	WATER SOFTENER											
			Con	tact Infor	mation							
Namo			1_	rganization							Joh Titlo	

			Co	ontact Inf	ormation					
				Organization	า		Job Title Properties Chair			
				Haddam Ned	ck Covenant Church					
Mailing Address Line One Mailing Addr				ress Line Two			City State		Zip Code	
17 Haddam Neck Ro	d					East Ham	pton	СТ	06424	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Address			
860-267-2336										
Contact Role(s): A	dministrative C	ontact, Leg	al Contact		,					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarry Fromtering and Compilative Semedate											
PWS ID	PWS Name				Population	Owner Type	Primary Source					
CT0420284	HADDAM NECK COVENANT CHURCH			NC	60	Р	GW					
Local Address (v	Local Address (where applicable)			ntial Commerc	ial Industr	ial Combine	ed Agricultural					
17 HADDAM NE	CK ROAD	Connections		1								
Tarring Coming di	ACT HANADTON			·								

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name				ssification	Population	opulation Own		Primary Source			
CT0420294	ANGELICOS LAKEHOUSE	·····				25		Р	GW			
Local Address	Service	Residen	ntial Commer		ial Industri		Combine	d Agricultural				
81 NORTH MA	Connections			1								
	EACT HANADTON	· · · · · · · · · · · · · · · · · · ·			1				-			

Towns Served: EAST HAMPTON			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	o: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: WELL (WSF ID: 20811)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Other Co	mpliance Schedules		

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
RESPOND TO SANITARY SURVEY	1/4/2017									
Dublic Notification Poquirements										

Public Notification Requirements											
	Compliance	Notice	<u>Public Notification</u> <u>PN</u>			<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Nitrate And Nitrite M&R Violation	4/1/04 - 6/30/04	2	11/17/2004		11/27/2004						
Nitrate And Nitrite M&R Violation	1/1/04 - 3/31/04	2	11/17/2004		11/27/2004						
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/17/2004		11/27/2004						
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/17/2004		11/27/2004						
Nitrate And Nitrite M&R Violation	7/1/04 - 9/30/04	2	2/3/2005		2/13/2005						
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/3/2005		2/13/2005						
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	10/18/2005		10/28/2005						

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1				
PWS ID	PWS Name				Classification	n Po	pulation	Owner Type	Primary Source
CT0420294	ANGELICOS LAKEHOU	SE			NC		25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Comme	rcial	Industri	al Combine	ed Agricultural
81 NORTH MAII	N STREET		Connections		1				

Public Notification Requirements									
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	10/18/2005		10/28/2005				

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20811	WELL	2	WELL	Α								
59222	TREATMENT PLANT											

Contact Information										
Name				Or	Organization			Job Title		
Mr. Paul J. Angelico			An	Angelico's Lakehouse			President			
Mailing Address Line One Mailing Addr			Address	ress Line Two			City	State	Zip Code	
81 North Main Street							East Har	npton	СТ	06424
Business Phone	Extension	Fax		Mobil	le Phone	Emergency Phone	Email Ad	ddress		
860-267-1276		860-267-4	1546			860-490-8988				

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Clas	ssification	Population	Owner Type	Primary Source	
CT0420334 26 EAST HIGH STREET			NC	25	Р	GW		
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
26 EAST HIGH S	TREET	Connections			1			

	Monitoring Requirements
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility:	ENTRY POINT	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)	1 rc	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Ty	ype) Operating Limi	t	Samples Req/Month	
рН	Entry Point pH Monitoring (PHRD)	Minimum: 6.4	PH	4	
Start Date: 2/1/2016		Compliance History:	Operating Limit	Monitoring	
		Monitoring Period	Compliance Status	: Compliance Status:	
		11/1/2018 - 11/30/2018		N	
		12/1/2018 - 12/31/2018		N	
		1/1/2019 - 1/31/2019		N	
		2/1/2019 - 2/28/2019		N	
		3/1/2019 - 3/31/2019			
		4/1/2019 - 4/30/2019			

Public Notification R	Requirements
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	Compliance	Notice	Public Notification		PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	3/13/2020	3/12/2019	3/23/2020	3/26/2019
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	3/13/2020	3/12/2019	3/23/2020	3/26/2019

Water System Facility and Sampling Point Inventory

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Dulo	Bula Tier Achastas MOD	2 0000

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

		Water Q	uality Monit	oring and	d Com	plia	ance S	Sch	edul	e				
PWS ID		PWS Name	-		(Classi	ification	Pop	ulation	Owi	ner Type	Prin	nary S	ource
CT042033	34	26 EAST HIGH STREET				1	NC		25		Р		GW	
Local Add	ress (w	here applicable)		Service	Residenti	ial C	ommerc	ial	Industria	al	Combine	ed .	Agricu	ltural
26 EAST H	IIGH ST	REET		Connections			1							
		AST HAMPTON												
rucinty ib	,		שו	Description		St	atus ^r	tuie	Kule	Her	ASDESIO	/3 VI	QF Z	DUFK
00600	DISTR	IBUTION SYSTEM	3	DISTRIBUTION	N SYSTEM		Α	Υ						
			4	DISTRIBUTION	N SYSTEM		Α	Υ						
			DOWNSTREAM	WITHIN 5 SER	VICE CON		Α							
			UPSTREAM	WITHIN 5 SER	VICE CON		Α							
00700	ENTR'	Y POINT	3	ENTRY POINT			Α							
20812	WELL		2	WELL			ı							
57819	TREAT	ΓMENT PLANT												

Connecticut Department of Public Health Drinking Water Section

Contact Information												
Name				Organization	1			Job Title				
Mr. Francis D'mello)			Owner								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
567 Ballfall Road						Middleto	own	СТ	06457			
Business Phone	Extension	Fax	Мо	obile Phone Emergency Phone Email Address								
860-834-1724						Francisd	mello@hotr	nail.com				
6	and at Dalata. A district water Contact Land Contact Contact											

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule

		Commentiant		י בי ג' בר בי	T = =] +]=	Dadal	_:	TA7 -	. .	C	4.5		
		Connecticut Downward	epartment of Juality Monit				U				tion		
PWS ID		PWS Name	C J	<u> </u>		Classifica					er Type P	rimary Sourc	
CT042035	4	LOCO PERRO				NC		25			P	GW	
Local Addı	ress (v	where applicable)		Service	Resident	tial Com	mercia	al Ind	dustria	I C	Combined	Agricultura	
191 EAST	HIGH	STREET		Connections			1						
Towns Ser	rved:	EAST HAMPTON		-		'							
			Monito	oring Requ	uireme	nts							
Water Sy	/stem	Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)									
Total Co	liforr	n (3100)							1 :	routi	ine (RT)	per quarter	
Samp	pling I	Point (Sampling Point ID))		Monitorii	ng Period	d Co	ollectio	on Peri	od	Compl	iance Status	
Selec	t fron	n Inventory of Active Sam	pling Points		10/1/18 -	12/31/18	8				Co	omplete	
					1/1/19 -						Co	omplete	
					4/1/19 -								
					7/1/19 -	9/30/19							
_		meters (PPS)										per quarter	
•		Point (Sampling Point ID)			Monitorii	-		ollectio	on Peri	od		iance Status	
Selec	ct fron	n Inventory of Active Sam	npling Points	10/1/18 - 12/31/18							Complete		
					1/1/19 -						Co	omplete	
					4/1/19 -								
		E 111 ENERGY DOIN			7/1/19 -	9/30/19							
		Facility: ENTRY POIN	II (WSF ID: 00700)							4	/ .	\ - \	
		litrite (NOX)	1		N. da mita ni	na Davisa		. !! ~ ~&!	an Davi		-	RT) per year	
		Point (Sampling Point ID)			Monitorii	_		onectio	on Peri	oa		iance Status	
ENIK	KY PUI	NT (3)			1/1/18 - :							omplete	
											C	omplete	
		347.1			1/1/20 - :			. •					
		wate	er System Facili	ty and Sai	mpiing	Point	inve			_			
Water	14/ort	or Sustam Easility	Sampling Point	Camplina Do	int				Lead a			Charac	
System Facility ID		er System Facility	ID	Description	III C	Chart	D.	form ule	Coppe Rule T		Ashestos	Stage WQP 2 DBP	
00600		RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	<u>Statı</u> A	13	Y	naic i	101 .	15505	114. 2001	
00000	וכוט	MIDOTION STSTEIN	DOWNSTREAM					'					
			UPSTREAM	WITHIN 5 SEI									
00700	FNITI	RY POINT	3	ENTRY POINT		Α Α							
20814	WEL		2	WELL	· · · · · · · · · · · · · · · · · · ·	A							
58897		ATMENT PLANT	۷	VV LLL		Α							
30037	INEA	ATIVILINI FLAINI											
				tact Infor	mation								
Name			O	rganization							Job Title		

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Elizabeth A. W	iltsie			Loco Perro			Owner		
Mailing Address Lin	ie One		Mailing Addr	ess Line Two			City	State	Zip Code
25 Orchard Road						East Hac	ldam	СТ	06423
Business Phone	Extension	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
860-267-2945									
Contact Pole(s): A	dministrativo C	ontact Loc	al Contact						

Contact Role(s): Administrative Contact, Legal Contact

PWS ID P	WS Name				Classif	ication	Population	Owner Type	Primary Source
CT0420354 L	OCO PERRO				١	IC	25	Р	GW
ocal Address (wh	ere applicable)		Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultur
L91 EAST HIGH ST	REET		ıs		1				
Towns Served: EA	ST HAMPTON				·				
			Organization					Job Title	۵
Name			Organization					300 1101	_
			Organization					300 1101	
Charmic LLC	ne One	Mailing Addre					City	State	Zip Code
Name Charmic LLC Mailing Address Li 25 Orchard Rd	ne One					East Ha	City		

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End of schedule

	Connecticut De	epartment of	Public H	ealth	Dr	inkir	ng W	'ater	Se	ction		
		uality Monit										
PWS ID	PWS Name	, <u>-</u> <u>-</u>	. 0			sificatio				ner Type	Primary	Source
CT0420394	NELSONS CAMPGROUN	D - AREA H				NC		60		Р	G۱	N
Local Addr	ess (where applicable)		Service	Residen	tial	Comme	rcial I	ndustri	al	Combine	d Agri	cultural
71 MOTT H	IILL ROAD		Connections			1						
Towns Serv	ved: EAST HAMPTON											
		Monito	oring Requ	ireme	nts							
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Col	iform (3100)							1	rou	tine (RT)	per qu	uarter
Samp	ling Point (Sampling Point ID)		1	Monitori	ng Po	eriod	Collec	tion Pe	riod	Comp	liance S	tatus
Select	from Inventory of Active Sam	pling Points		4/1/19 -	6/30	0/19				С	omplet	e
				7/1/19 -	9/30	0/19						
Physical I	Parameters (PPS)							1	rou	tine (RT)	per qu	uarter
Samp	ling Point (Sampling Point ID)			Monitori			Collec	tion Pe	riod	Comp	liance S	tatus
Select	from Inventory of Active Sam	pling Points		4/1/19 -		•				С	omplet	e
				7/1/19 -	9/30	0/19						
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
	nd Nitrite (NOX)									routine (-
	ling Point (Sampling Point ID)			Monitori				tion Pe	riod		liance S	
ENTR	Y POINT (3)			1/1/18 -		-		/1-9/30			omplet	
				1/1/19 -		-		/1-9/30		С	omplet	<u>e</u>
				1/1/20 -			4/	/1-9/30				
		Other Co	ompliance									
	e Schedule Activity					Date		Achie	ved i	Date		
CROSS CON	NNECTION SURVEY REPORT				<u> </u>	2020						
	Wate	er System Facili	ity and San	npling	Poi	int Inv	ento	ry				
Water							Total	Lead				
	Water System Facility	Sampling Point ID		it		C	oliform			A - l t		Stage
Facility ID	DISTRIBUTION SYSTEM		Description	CVCTENA		<u>Status</u>	Rule	Kuie	Her	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
		DOWNSTREAM		VICE CON	N	A	V					
		H7	SITE H7	//CF COA		A	Y					
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	N	Α						
	ENTRY POINT	3	ENTRY POINT			Α						
	WELL TANK	2	WELL			Α						
53155	PRESSURE TANK											
		Con	tact Inforn	nation								
Name		O	rganization							Job Title		
Mr. Glenn	Gustine	Gı	ustine Propertie	es, Inc.			Pr	esident				

State Mailing Address Line One Mailing Address Line Two Zip Code City 67 Mott Hill Road СТ 06424 **East Hampton Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-267-5309 860-267-5312 860-883-7960 Contact Role(s): Legal Contact

C	onnectic	ut Depa	rtment	tot	Public	Health	ı Dri	nking	water	Sec	ction			
	Wat	ter Qua	lity Mo	nite	oring a	nd Con	nplia	ance S	chedul	e				
PWS ID PV	WS Name						Classi	fication I	Population	Owne	er Type I	Primary Source		
CT0420394 N	ELSONS CAMP	GROUND - A	REA H					NC	60		Р	GW		
Local Address (whe	ere applicable)				Service	Resider	ntial C	ommercia	l Industri	al C	Combined	d Agricultura		
71 MOTT HILL ROA	vD				Connectio	ns		1						
Towns Served: EAS	T HAMPTON									·				
Name				Or	ganization						Job Title			
Mr. Bruce Gustine	Ar. Bruce Gustine Gustine Properties Inc										Vice President			
Mailing Address Lir	ne One			City State Zip				Zip Code						
71 Mott Hill Road			Wolf's Den	Fam	ily Campgro	ound		East Hampton CT			06424			
Business Phone	Extension	Fax	ľ	Mobil				e Email A	ddress					
860-267-5364		860-267-	5312			888-883	-7957							
Contact Role(s): L	egal Contact, C	Owner												
Name				Or	ganization						Job Title			
Miss Colynn Hodge	е			Gu	ustine Prope	erties Inc								
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code		
71 Mott Hill Road	L Mott Hill Road							East Hampton CT 0642			06424			
Business Phone	e Phone	Emergenc	mergency Phone Emai		e Email Address									
860-267-5364		860-267-	5312 8	360-8	83-7962	860-883	-7962	gustine	rv@msn.c	om				
Contact Role(s):	dministrative	Contact												

Connecticut Department of Public Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment of	Public Health	ı Dr	inki	ng Wa	ater Se	ction	
		•	oring and Con						
PWS ID	PWS Name	<u> </u>		_	sificatio			ner Type I	Primary Source
CT0420424	ROSSINIS				NC	2	25	Р	GW
Local Address (where applicable)		Service Resider	ntial	Comme	ercial Ir	ndustrial	Combined	d Agricultural
62 WEST HIGH	STREET		Connections		1				
Towns Served:	EAST HAMPTON								
		Monito	oring Requireme	ents					
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliforn	m (3100)						1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod	Collect	ion Period	Comp	liance Status
Select fror	m Inventory of Active Samp	ling Points	10/1/18	- 12/3	31/18			С	omplete
			1/1/19	- 3/31	L/19				
			4/1/19	- 6/30)/19				
			7/1/19	- 9/30)/19				
Physical Para	meters (PPS)						1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod	Collect	ion Period	Comp	liance Status
Select fror	n Inventory of Active Samp	ling Points	10/1/18	- 12/3	31/18			С	omplete
			1/1/19	- 3/31	L /1 9				
			4/1/19						
			7/1/19	- 9/30)/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)						1	routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod	Collect	ion Period	Comp	liance Status
ENTRY PO	INT (3)		1/1/18 -	12/3	1/18			С	omplete
			1/1/19 -	12/3	1/19				
			1/1/20 -	12/3	1/20				
	Wate	r System Facili	ty and Sampling	, Poi	nt In	vento	ry		
Water						Total	Lead and		
System Wat	er System Facility	Sampling Point	Sampling Point			Coliform	Copper		Stage
Facility ID		ID	Description	S	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Λ	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CO	N	Α				
		UPSTREAM	WITHIN 5 SERVICE CO	N	Α				
00700 ENT	RY POINT	3	ENTRY POINT		Α				
20818 WEL	L	2	WELL		Α				
		Con	tact Information	า					
Name		0	rganization					Job Title	
Mr. Mario Simo	oni		m Realty Group			Me	mber		
Mailing Addres		Mailing Addres					ity	State	Zip Code
199 White Bircl					Eas	t Hampto	•	СТ	06424
						•			

Mobile Phone

Emergency Phone Email Address

860-267-1106

Extension

Fax

Business Phone

860-267-7335

Contact Role(s): Legal Contact

C	Water Quality Monitoring and Compliance Schedule												
	Wa	ter Qua	lity M	lonito	oring a	nd Con	nplia	nce S	Schedul	e			
PWS ID F	WS Name						Classif	ication	Population	Owne	er Type F	rimary Source	
CT0420424 F	ROSSINIS						N	IC	25		Р	GW	
Local Address (wh	ere applicable)				Service	Resider	tial Co	mmerci	al Industri	al C	ombined	Agricultural	
62 WEST HIGH ST	REET				Connection	ns		1					
Towns Served: EA	ST HAMPTON						,		,	,			
Name				Or	ganization						Job Title		
A L M Realty Gro	ıp LLC												
Mailing Address L	ine One		Mailing	Address	Line Two City State				State	Zip Code			
62 West High Stre	et							East Hampton CT				06424	
Business Phone	Extension	Fax		Mobil	e Phone	one Emergency Phone Email A			Address				
Contact Role(s):	Owner												
Name				Or	ganization						Job Title		
Mr. Emilio Simon	i			Ro	ssinis				Owner				
Mailing Address L	iling Address Line One Mailing Addre							City			State	Zip Code	
62 West High Stre					East H	ampton		СТ	06424				
Business Phone	Mobil	e Phone	Emergency	/ Phone	Email A	Address							
860-267-1106													

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partmer	nt of	Public H	ealth	D	rinkir	ng W	/ater	Se	ction	
	Water Q	*						0				
PWS ID	PWS Name	ciciii oy 111		011118 0111	0. 0011	_					ner Type P	rimary Source
CT0420454	SEARS PARK						NC		25		P	GW
Local Address (where applicable)			Service	Residen	tial	Comme	rcial	Industria	al	Combined	Agricultural
62 NORTH MAI	N STREET			Connections			1					
Towns Served:	EAST HAMPTON											
		М	onito	oring Requ	ireme	nts	5					
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)								1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ction Per	iod	Compli	ance Status
Select from	m Inventory of Active Samp	ling Points		:	10/1/18 -	12/	/31/18				Co	mplete
					4/1/19 -	6/3	80/19					
					7/1/19 -	9/3	80/19					
-	ameters (PPS)											per quarter
	Point (Sampling Point ID)	line Deini			Monitori			Colle	ction Per	ıod		ance Status
Select from	m Inventory of Active Samp	oling Points		•	10/1/18 -						Co	mplete
					4/1/19 -							
	5 111	. /	2=22\		7/1/19 -	9/3	30/19					
	Facility: ENTRY POINT	(W2F ID: 0	0700)								/=) — \
	Nitrite (NOX)				0.0 14 1		D =! = -I	C-11-	attau Dau		-	RT) per year
	Point (Sampling Point ID)				Monitori				ction Per	ioa		ance Status
ENTRY PO	IINT (3)				1/1/18 -				/1-12/31			mplete
					1/1/19 - 1/1/20 -			•	/1-12/31 /1-12/31			
		Oth	or C	ompliance				4/	1-12/31			
Compliance Sci	hadula Astivity	Oth	El C	omphance			Date		Achie	ıod	Data	
-	RT UP COMPLETION						/2019		Acmet	veu i	Dute	
SEASONAL STA	IN OF COMPLETION	Dublic	Not	ification D								
		Public		ification R					-4			- 4.69
Violation/Situa	ation		C	ompliance Period	Notice Tier		<u>Public</u> Require	Notifi	<u>cation</u> erformed	, ,	<u>PN Cer</u> Oue to DPH	tification Received
	eters M&R Violation		7/1/	/08 - 9/30/08	3		11/25/20		erjormed		12/5/2009	Received
i ilysicai i araili		r Systam I		ity and Sar					nrv		22/3/2003	
Water	vvate	i System i	aciii	ity and Jai	iihiiig		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total	Lead (and		
	ter System Facility	Sampling	Point	Sampling Poi	nt		(Coliforn				Stage
Facility ID		ID		Description			Status	Rule			Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	1	Α	Υ				
		BATHN	ΛN	BATHHOUSE I	MEN		Α	Υ				
		BATHV	VN	BATHHOUSE	WOMEN		Α	Υ				
		DOWNST	REAM	WITHIN 5 SER	VICE CO	V	Α					
		PAVH	IS	PAVILION KIT	CHEN HA	N	Α	Υ				
		PAVK	(S	PAVILION KIT	CHEN SIN	I	Α	Υ				
		PAVMA	AIN	PAVILION MA	IN ROOM	1	Α	Υ				
		PAVIV	1N	PAVILION ME	N		Α	Υ				
		PAVO	UT	PAVILION OU	T DRINK		Α	Υ				
		PAVW	/N	PAVILION WC	MEN		Α	Υ				
		UPSTRE	AM	WITHIN 5 SER	VICE COI	V	Α					

ENTRY POINT

Α

3

00700 ENTRY POINT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			0		1				
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT0420454	SEARS PARK					NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
62 NORTH MAIN	I STREET		Connections			1			

Water System Facility and Sampling Point Inventory										
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag	ge	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DE	3PR	
20821	WELL	2	WELL	Α						

				Contact Inf	formation					
Name				Organization	<u> </u>		Job Title			
Mr. Michael Maniscalco				Town of Eas	t Hampton		Town Manager			
Mailing Address Line One Mailing			Mailing	niling Address Line Two			City	State	Zip Code	
20 East High Street						East Han	npton	СТ	06424	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-267-4468		860-267-2	1027		860-982-0790	mmaniscalco@easthamptonct.gov			V	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Public H	[ealth	Dri	nkin	σM :	ater S	ection	
		uality Monit				`	_		ection	
PWS ID	PWS Name	uality Mollit	ornig am	u Con			_		wner Type P	rimary Source
CT0420474	SPENCERS FUNERAL HOI	ME				NC		25	P	GW
Local Addres	ss (where applicable)		Service	Residen	tial C	ommerc	ial In	ndustrial	Combined	Agricultura
112 MAIN S			Connections			1				
Towns Serve	ed: EAST HAMPTON			I						
		Monito	oring Requ	iireme	nts					
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Colif	orm (3100)							1 rc	outine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Per	riod (Collect	ion Perio	d Compl	iance Status
Select f	from Inventory of Active Samp	oling Points		10/1/18 -	12/31	./18			Co	mplete
				1/1/19 -	3/31/	19			Co	mplete
				4/1/19 -						
				7/1/19 -	9/30/	19				
•	arameters (PPS)									per quarter
	ing Point (Sampling Point ID)			Monitori			Collect	ion Perio		iance Status
Select f	from Inventory of Active Samp	oling Points		10/1/18 -	-	-				mplete
1				1/1/19 -					Co	mplete
				4/1/19 - 7/1/19 -						
Mater Syst	em Facility: ENTRY POINT	[(W/SE ID: 00700)		7/1/19 -	9/30/	19				
•	nd Nitrite (NOX)	1 (1131 10.00700)							1 routine (F	RT) per year
	ing Point (Sampling Point ID)			Monitori	na Per	riod (Collect	ion Perio	=	iance Status
	POINT (3)			1/1/18 -						mplete
				1/1/19 -						mplete
				1/1/20 -						'
		Other Co	ompliance	Sched	lules					
Compliance	Schedule Activity		-		Due Do	ate		Achieve	d Date	
CROSS CONI	NECTION SURVEY REPORT			;	3/1/20	20				
	Wate	r System Facili	ty and Sar	npling	Poir	nt Inve	entoi	ry		
Water						7	otal	Lead an	d	
•	Vater System Facility	Sampling Point		nt			liform	Coppe		Stage
Facility ID		ID	Description			utus	Rule	Rule Tie	er Asbestos	WQP 2 DBP
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM				Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	٧	Α				
	NTRY POINT	3	ENTRY POINT			Α				
20823 V	VELL	2	WELL			Α				
		Con	tact Inforr	mation						
Name		Oı	rganization						Job Title	
	J. Portelance Jr.		encer Funeral	Home In	С		Pre	sident		
	ress Line One	Mailing Address	s Line Two				Ci	•	State	Zip Code
112 Main St	reet	P.O. Box 90				East F	lampto	n	CT	06424

Emergency Phone Email Address

sfh@sbcglobal.net

860-267-9822

Mobile Phone

Business Phone

860-267-2226

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-267-4474

Connecticut Department of Public Health Drinking Water Sect	ion
Water Quality Monitoring and Compliance Schedule	

	Trates & didistry 1 10111100	0. 0011	· · P ·		701100101			
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source
CT0420474	CT0420474 SPENCERS FUNERAL HOME				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
112 MAIN STRE	Connections			1				

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
	water Quality Monito	oring and	u Con	ıpı	lance S	cnedui	e					
PWS ID	WS ID PWS Name					Population	Owner Type	Primary Source				
CT0420484	ST PATRICK CHURCH				NC	25	Р	GW				
Local Address (where applicable)		Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural				
47 WEST HIGH STREET		Connections		1								

ing Requirements						
00600)						
Total Coliform (3100) 1 routine (RT) per						
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19		Complete				
7/1/19 - 9/30/19						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19		Complete				
7/1/19 - 9/30/19						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19		Complete				
7/1/19 - 9/30/19						
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19	1 routi Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 routi Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 routi Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 3/31/19 4/1/19 - 6/30/19				

Public Notification Requirements											
	Compliance	Notice	Public Notification PN Certification			<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	7/24/2016		8/3/2016						
Total Coliform M&R Violation	10/1/15 - 12/31/15	2	7/24/2016		8/3/2016						
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	7/24/2016		8/3/2016						
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	6/24/2017		7/4/2017						
Physical Parameters M&R Violation	10/1/15 - 12/31/15	3	6/24/2017		7/4/2017						
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	6/24/2017		7/4/2017						
Nitrate And Nitrite M&R Violation	1/1/16 - 3/31/16	2	6/24/2017		7/4/2017						

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20824	WELL	2	WELL	Α									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Sou											
CT0420484	ST PATRICK CHURCH				NC 25		Р	GW			
Local Address (w	here applicable)	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural				
47 WEST HIGH S	TREET	Connections			1						

			Co	ontact Inf	ormation						
Name				Organization	า	Job Title					
Mr. Charles Lebland	;			Pastor							
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
47 West High Street						East Har	npton	СТ	06424		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	ldress				
Contact Role(s): Le	gal Contact										
Name				Organization	1			Job Title			
Ms. Lori M. Lechow	icz			St. Patrick Cl	hurch		Administra	tive Asst.			
Mailing Address Line	e One		Mailing Addr	ress Line Two			City	State	Zip Code		
47 West High Street						East Har	npton	СТ	06424		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	ldress	·			
860-267-6644						Stpatricl	47@sbcglo	bal.net			
Contact Role(s): Ac	lministrative C	ontact			,						

Please note the following:

Towns Served: EAST HAMPTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit				C					
PWS ID										
CT0420494	36 EAST HIGH STREET - EAST HAMPTON				NC	25				
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultu										

1

Connections

Towns Served: EAST HAMPTON

TOWNS Served. LAST HAIVIF TOIN			
Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Dulatia Alasifi assi an	B		

Public Notification Requirements										
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	7/1/10 - 9/30/10	2	9/10/2010		9/20/2010					
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/23/2010		11/2/2010					
Repeat Total Coliform M&R Violation	8/1/10 - 8/31/10	2	1/19/2011		1/29/2011					
Total Coliform M&R Violation	8/1/10 - 8/31/10	2	1/28/2011		2/7/2011					

	W	later System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20825	WELL	2	WELL	Α					
59150	TREATMENT PLANT							-	-

Contact Information									
Name Organization Job Title									
	B&H Lala, LLC		Property Owner						
Mailing Address Line One Mailing Address			City	State	Zip Code				
_		Organization B&H Lala, LLC Mailing Address Line Two	B&H Lala, LLC	B&H Lala, LLC Property Owner	B&H Lala, LLC Property Owner				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment of	Public	Health	Dr	inking	g Water	Section	l
	Wa	ter Qual	ity Monit	oring ar	nd Con	npli	ance S	Schedul	e	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT0420494	36 EAST HIGH ST	TREET - EAST	HAMPTON				NC	25	Р	GW
Local Address (w	ocal Address (where applicable)					ntial (Commerci	al Industri	al Combin	ed Agricultural
				Connection	S		1			
Towns Served: E.	-									
36 East High Stre	et						East Ha	ampton	СТ	06424
Business Phone	e Extension	Mobi	le Phone	Emergency Phone Email Addr			Address			
860-267-1096					860-395	-8117				
0 1 1 5 1 ()			10							

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	oartmer	nt of Public H	Iealth D	rinki	ng V	Vater S	Section	
	Water Qu	ality Mo	onitoring an	d Comp	lianc	e Sc	hedule		
PWS ID	PWS Name			Cl	assificatio	on Po	pulation O	wner Type Pr	imary Source
CT0420534	4 VFW #5095				NC		25	P	GW
Local Addr	ess (where applicable)		Service	Residentia	Comme	ercial	Industrial	Combined	Agricultural
20 NORTH	MAPLE STREET		Connections		1				
Towns Ser	ved: EAST HAMPTON								
		M	onitoring Requ	uirement	S				
Water Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)						
Total Col	iform (3100)						1 r	outine (RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio	d Compli	ance Status
Select	t from Inventory of Active Sampl	ing Points		10/1/18 - 12	2/31/18			Coi	mplete
				1/1/19 - 3/	31/19			Coi	mplete
				4/1/19 - 6/	30/19			Coi	mplete
				7/1/19 - 9/	30/19				
Physical	Parameters (PPS)						1 r	outine (RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio	d Compli	ance Status
Select	t from Inventory of Active Sampl	ing Points		10/1/18 - 12	2/31/18			Coi	mplete
				1/1/19 - 3/			mplete		
				4/1/19 - 6/				Соі	mplete
				7/1/19 - 9/	30/19				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 0	0700)						
	and Nitrite (NOX)							1 routine (R	
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio	d Compli	ance Status
ENTR	Y POINT (3)			1/1/18 - 12				Coi	mplete
				1/1/19 - 12					
				1/1/20 - 12	•				
		Oth	er Compliance	Schedul	les				
Compliand	e Schedule Activity			Du	e Date		Achieve	ed Date	
CROSS COI	NNECTION SURVEY REPORT			3/1	/2012				
CROSS COI	NNECTION SURVEY REPORT			3/1	/2015				
		Public	Notification R	Requirem	ents				
			Compliance	Notice	<u>Publi</u>	c Notij	<u>fication</u>	PN Cert	<u>ification</u>
Violation/	Situation		Period	Tier	Require	ed I	Performed	Due to DPH	Received
Total Colif	orm MCL Violation		1/1/14 - 3/31/14	2	4/20/20)14		4/30/2014	
	Water	System F	acility and Sar	mpling P	oint In	vent	ory		
Water						Tota		nd	
System	Water System Facility		Point Sampling Poi	int	(Colifor			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
			REAM WITHIN 5 SEF		Α				
		UPSTRE			Α				
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
20829	WELL	2	WELL		Α				

57240 PRESSURE STORAGE

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Cla	ssification	ation Population Owner Type Primar						
CT0420534	VFW #5095				NC	25	Р	GW			
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
20 NORTH MAP	LE STREET	Connections			1						
Towns Served:	owns Served: EAST HAMPTON										

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Veterans of Foreign	War Post 509	95							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
20 North Maple			P O Box 301			East Han	npton	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-267-8837									
Contact Role(s): O	wner		,						
Name				Organization	1			Job Title	
Mr. Bruce Wark				VFW, Post 50	095		Permittee		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
20 North Maple						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-418-8374		860-418-8	326		860-365-0402	bruce.wa	ark@po.sta	te.ct.us	
Contact Role(s): Le	gal Contact		1			1			
Name				Organization	1			Job Title	
Mr. John Larensen							Administra	tive	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
20 North Maple Street						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-295-9282									
Contact Role(s): Ac	dministrative	Contact	'		·				

contact Noic(s). Administrative cont

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		•	artment of							ction	
		Water Qu	ality Monit	oring an	d Comp	olianc	ce Scl	nedule	е		
PWS ID	PWS Name	е			С	lassificat	ion Po	oulation	Owne	er Type Pr	imary Source
CT0420554	197 EAST I	HIGH STREET DO	LLAR GENERAL			NC		25		Р	GW
Local Address	(where applied	cable)		Service	Residentia	l Comm	nercial	Industria	ıl C	Combined	Agricultural
197 EAST HIGH	H STREET			Connections		1	1				
Towns Served:	EAST HAMP	TON									
			Monito	oring Requ	uirement	ts					
Water Syster	n Facility: I	DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifor	• •	oling Point ID)			Monitoring	ı Period	Colle	1 ction Peri			er quarter
		of Active Sampli	ng Points		1/1/19 - 3,		000				mplete
Sciectifo	in inventory	or Active Sampin	16 1 011113		7/1/19 - 9						прістс
Total Colifor	m (3100)				771713 37	30/13				3 (TR)	per month
	•	oling Point ID)			Monitoring	Period	Colle	ction Peri	iod		nce Status
		of Active Sampli	ng Points		4/1/19 - 4		236				mplete
Physical Par		-	.8		., _, _, .,	00, 20		1	routi		er quarter
-	-	oling Point ID)			Monitoring	Period	Colle	ction Peri			ance Status
	TION SYSTEM				1/1/19 - 3,						mplete
					4/1/19 - 6,	/30/19				Coi	mplete
					7/1/19 - 9,	/30/19					
Water Syster	m Facility: I	ENTRY POINT	(WSF ID: 00700)								
Nitrate And	Nitrite (NO	X)							1 rc	outine (R	T) per year
Sampling	Point (Samp	oling Point ID)			Monitoring	Period	Colle	ction Per		-	nce Status
ENTRY PO	DINT (3)				1/1/18 - 6,	/23/18	1	/1-6/23		Coi	mplete
Water Syster	n Facility:	WELL 1 (WSF I	D: 61248)								
E. Coli (3014	4)							1 t	rigge	red (TG)	per period
Sampling	Point (Samp	oling Point ID)			Monitoring	Period	Colle	ction Per	iod	Compli	ance Status
WELL 1 (2	2)				3/14/19 - 3	/20/19				Coi	mplete
	Mon	thly Water	System Facil	ity (WSF) I	Level Mo	onitori	ing Re	quiren	nen	ts	
Water Syster		NTRY POINT (, , ,				•			
Analyte	,		uirement (Summa	ary Type)	Opera	ting Limi	t		Si	amples Re	a/Month
рН			Monitoring (PHRD		•	um: 7.0				4	
•	3/1/2019	, , ,	3 3 6 (-	ance History			ting Limit		Monitor	ing
	, ,				ring Period		-	liance Sta			nce Status:
				3/1/201	9 - 3/31/20	19					
					9 - 4/30/20						
			Other Co	ompliance							
Compliance Sc	chedule Activ	ity			Du	e Date		Achiev	red D	ate	
L1 ASSESSMEN	NT (MULTIPLE	TC+)			4/1	7/2019					
		Water	System Facili	ty and Sar	mpling P	oint Ir	nvent	ory			
Water							Total	Lead o	and		
	iter System F	acility	Sampling Point		nt		Colifor				Stage
Facility ID			ID	Description		Status	Rule	Rule 1	Tier /	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION S	YSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
			DOWNSTREAM			Α					
			UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700 EN	TRY POINT		3	ENTRY POINT	· 	Α					
NOTE: This inform	action has been	provided to boln our	nore and onerators of	nublic water suct	ome maintain	compliance	سنسلم طالمنسب	king water	aualit	u monitorine	

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0420554	197 EAST HIGH STREET DOLLAR GENERAL				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
197 EAST HIGH S	TREET	Connections			1			

	Water System Facility and Sampling Point Inventory												
Water System Facility IL		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR				
61248	WELL 1	2	WELL 1	Α									
61250	PRESSURE STORAGE												
61252	DG TREATMENT PLANT												

Contact Information											
Name				Organization	1		Job Title				
Mr. Gary Eucalitto		Dollar General East Hampton									
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code		
6 William Way						Harwint	on	CT	06791		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress				
860-467-2025						eucalitto	gary@gmail.co	om			

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmen	t of Public	Health l	Drink	ing V	Water S	Section		
	Water Qua	ality Mo	onitoring ar	nd Com	plian	ce Sc	hedule			
PWS ID	PWS Name							wner Type Pr	imary Source	
CT0429123	CHATHAM CORNER BUILDI	NG			NC		28	Р	GW	
Local Address (v	where applicable)		Service	Residenti	al Comr	nercial	Industrial	Combined	Agricultural	
240 MIDDLETO	WN AVE		Connection	S				4		
Towns Served:	EAST HAMPTON				·			·		
		Mo	onitoring Req	uiremen	ts					
Water System	Facility: DISTRIBUTION S	SYSTEM (\	WSF ID: 00600)							
Total Coliforn	n (3100)						1 r	outine (RT) p	er quarter	
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Coll	ection Perio	od Complic	ınce Status	
Select from	n Inventory of Active Samplin	g Points		10/1/18 - 1	2/31/18			Cor	nplete	
				1/1/19 - 3	/31/19			Cor	nplete	
				4/1/19 - 6	/30/19					
				7/1/19 - 9	/30/19					
_	meters (PPS)						1 r	outine (RT) p	er quarter	
Sampling I	Point (Sampling Point ID)		Monitoring			ection Perio	•			
Select fron	n Inventory of Active Samplin	g Points		10/1/18 - 1	2/31/18			Complete		
				1/1/19 - 3				Cor	nplete	
				4/1/19 - 6						
				7/1/19 - 9	/30/19					
Water System	Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate And N	litrite (NOX)							1 routine (R	Γ) per year	
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Coll	ection Perio	od Complic	ınce Status	
ENTRY POI	NT (3)			1/1/18 - 12	2/31/18		Complete			
				1/1/19 - 12	2/31/19			Complete		
				1/1/20 - 1	2/31/20					
		Oth	er Complianc	e Schedu	ıles					
Compliance Sch	nedule Activity			Di	ue Date		Achieve	ed Date		
CROSS CONNEC	TION EXEMPTION			3/	1/2012					
		Public	Notification	Requirer	nents					
			Compliance	Notice	Pub	lic Noti	<u>ification</u>	PN Certi	<u>fication</u>	
Violation/Situa	tion		Period	Tier	Requ	ired	Performed	Due to DPH	Received	
Total Coliform N			1/1/16 - 3/31/16		7/24/2	2016		8/3/2016		
Physical Parame	eters M&R Violation		1/1/16 - 3/31/16	3	6/24/2	2017		7/4/2017		
	Water	System F	acility and Sa	mpling F	Point I	nven	tory			
Water						Tota				
	er System Facility		Point Sampling Po	oint		Colifo			Stage	
Facility ID	DIDLITION CYCTERS	ID	Description	NI.	Status	s Rul	e Kule Ti	ier Asbestos	WQP Z DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO		A					
		DOWNSTF	REAM WITHIN 5 SE	KVICE CON	Α					

WITHIN 5 SERVICE CON

ENTRY POINT

WELL 1

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL 1

TREATMENT PLANT

49883

TP01

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>			1				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0429123	CHATHAM CORNER BUILDING				NC	28	Р	GW
Local Address (where applicable)	Service	Residen	ntial (Commercia	al Industri	al Combine	ed Agricultural
240 MIDDLETO	WN AVE	Connections					4	

Contact Information											
Name				Organization	ı		Job Title				
Mr. Jeffrey M. Palmer				Shalmuk Inve	estors, LLC	Owner					
Mailing Address Line One Mailing Ad				Address Line Two		City	State	Zip Code			
240 Middletown Avenue						East Hampton	СТ	06424			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-638-7873	860-638-7873 860-346-		9232		860-638-7873	jefpalmer@att.net					

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
CT0429154	227 WEST HIGH STREET - E HAMPTON			NC		39	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc		Industri	al Combine	ed Agricultural
227 WEST HIGH ST		Connections					4	

Towns Served: EAST HAMPTON

Water

System

Facility ID

00600

Water System Facility

DISTRIBUTION SYSTEM

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	<u> </u>		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		•
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

DISTRIBUTION

DISTRIBUTION SYSTEM

Description

Water System Facility and Sampling Point Inventory

Sampling Point Sampling Point

ID

2

4

Total

Coliform

Rule

Status

Α

Lead and

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Classification Po		Population Owner Type		Primary Source			
CT0429154	227 WEST HIGH STREET - E HAMPTON				NC	39	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
227 WEST HIGH ST Connection							4			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP				
		DOWNSTREAM	WITHIN 5 SERVICE CON	А								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
57699	WELL 1	2	WELL 1	Α								

		C	ontact Info	ormation					
Name			Organization				Job Title		
Mr. Martin Duffy			Property Owner						
Mailing Address Line One		Mailing Add	ldress Line Two			City	State	Zip Code	
P.O. Box 353					Haddam	Haddam CT 06			
Business Phone Exte	ension F	ax M	obile Phone	Emergency Phone	Email Address				
860-748-9324									
Contact Role(s): Legal Co	ontact, Owner								
Name			Organization			Job Title			
Ms. Bonnie Rau			The Tavern C	n 66					
Mailing Address Line One Mailing Add		*			City State Zip (
Mailing Address Line One		Mailing Add	ress Line Two			City	State	Zip Code	
	<u> </u>	Mailing Add	ress Line Two		East Ham	· · · · · · · · · · · · · · · · · · ·	State CT	Zip Code 06424	
227 West High St			obile Phone	Emergency Phone		npton		Zip Code 06424	

Please note the following:

Towns Served: EAST HAMPTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0429164	HOPE CHURCH OF EAST HAMPTON				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
230 EAST HIGH	ST (ROUTE 66)	Connections					1	

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 routine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary T	ype) Operating Limi	t	Samples Req/Month		
рН	Entry Point pH Monitoring (PHRD)	D) Minimum: 7.0 PH		4		
Start Date: 8/1/2014		Compliance History:	Operating Limit	Monitoring		
		Monitoring Period		: Compliance Status:		
		11/1/2018 - 11/30/2018		N		
		12/1/2018 - 12/31/2018		N		
		1/1/2019 - 1/31/2019		N		
		2/1/2019 - 2/28/2019		N		
		3/1/2019 - 3/31/2019				

4/1/2019 - 4/30/2019

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u>				PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
pH M&R Violation	8/1/14 - 8/31/14	3	11/3/2015		11/13/2015					
pH M&R Violation	9/1/14 - 9/30/14	3	11/6/2015		11/16/2015					

Water System Facility and Sampling Point Inventory

Water				Tota	ıl Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Colifo	rm Copper	Stage
Facility ID		ID	Description	Status Rul	e Rule Tier	Asbestos WQP 2 DBPR

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1				
PWS ID	PWS Name			Classifica	tion P	opulation	Owner Type	Primary Source
CT0429164	HOPE CHURCH OF EAST HAMPTON			NC		25	Р	GW
Local Address (where applicable)	Service	Resider	itial Comi	mercial	Industri	al Combine	ed Agricultural
230 EAST HIGH	ST (ROUTE 66)	Connections					1	

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
58830	WELL 1	2	WELL 1	Α								
58834	TREATMENT PLANT											
58836	PRESSURE TANK							-				

Contact Information											
Name				(Organization			Job Title			
Mr. Thomas Ingala				I	Hope Church			Pastor			
Mailing Address Line One Mailing Add			Addre	ess Line Two			City	State	Zip Code		
			P. O. Bo	x 44			East Han	npton	СТ	06424	
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Phone	Email Address				
860-267-9607	103	860-267-6	5506				tingala@cthope.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT0429174	GUSTINE'S RV SALES & SERVICE			NC	31	Р	GW			
Local Address (\	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural			
71 MOTT HILL ROAD				1						
Towns Served: EAST HAMPTON										
	Monitoring Pequirements									

Towns Served: EAST HAMPTON			
Monitoring R	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600))		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Monthly Water System Facility (WS	SF) Level Monitorin	ng Requiremen	its
Water System Facility: ENTRY POINT (WSFID: 00700)			
Analyte Monitoring Requirement (Summary Type)	Operating Limit	S	Samples Req/Month

Water System Facility:	ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Ty	ype) Opera	ing Limit	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minim	um: 7.0 PH	4
Start Date: 3/8/2017		Compliance History	Operating Limit	Monitoring
		Monitoring Period	Compliance Stati	us: Compliance Status
		11/1/2018 - 11/30/2	2018	N
		12/1/2018 - 12/31/2	2018	N
		1/1/2019 - 1/31/20	19	N
		2/1/2019 - 2/28/202	19	N
		3/1/2019 - 3/31/20	19	
		4/1/2019 - 4/30/202	19	

	Wa	iter System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α			·		
60329	OFFICE WELL 1	2	OFFICE WELL 1	Α					

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	Water Quality Mon	nitoring and	d Con	npl	liance S	chedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Owner Ty	/pe l	Primary Source
CT0429174	GUSTINE'S RV SALES & SERVICE				NC	31	Р		GW
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Coml	bine	d Agricultural
71 MOTT HILL	ROAD	Connections			1				

Towns Served: EAST HAMPTON

	Water	System Facili	ity and Sampli	ng Point I	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
60331	GUSTINE'S TREATMENT PLANT								

				Contact Inf	formation				
Name				Organizatio	n			Job Title	
Mr. Bruce Gustine				Gustine Pro	Gustine Properties Inc				
Mailing Address Lin	e One		Mailing A	ddress Line Two)		City	State	Zip Code
71 Mott Hill Road			Wolf's De	n Family Campg	round	East Ha	mpton	06424	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	nail Address		
860-267-5364		860-267-5	5312		888-883-7957	gustinesrV@msn.com			
Contact Role(s): Le	egal Contact, C)wner							
Name				Organizatio	n			Job Title	
Miss Colynn Hodge				Gustine Pro	perties Inc				
Mailing Address Lin	e One		Mailing A	ddress Line Two)		City	State	Zip Code
71 Mott Hill Road						East Ha	mpton	СТ	06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-267-5364		860-267-5	5312	860-883-7962	860-883-7962	gustinesrv@msn.com			

Contact Role(s): Administrative Contact Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit				_			
PWS ID PWS Name Classification Population Owner Type Primary Source								
CT0429184	ST. PATRICK CHURCH - PARISH CENTER				NC	33	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
47 W. HIGH STI	REET			1				
Towns Served:	owns Served: FAST HAMPTON							

Towns Served: EAST HAMPTON			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Public Notif	ication Requirements		

Public	Notification R	equiren	nents				
Compliance Notice <u>Public Notification</u> <u>PN Certificati</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015		
Physical Parameters M&R Violation	4/1/15 - 6/30/15		9/23/2016		10/3/2016		
Nitrate M&R Violation	4/1/16 - 6/30/16	2	10/27/2016		11/6/2016		

							· ·	
		Water System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule			Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
59511	PARISH WELL	2	PARISH WELL	Α				

	Water Quality Monito	oring and	d Con	npli	iance S	chedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0429184	ST. PATRICK CHURCH - PARISH CENTER				NC	33	Р	GW
Local Address (w	ocal Address (where applicable) Service Resid					al Industri	al Combine	ed Agricultural
47 W. HIGH STRI	Connections			1				

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Saint Patricks Roma	an Catholic Ch	urch							
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
47 W High Street						East Har	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-267-6644						stpatdfn	n@sbcgloba	l.net	
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Father Gerald S. Kir	by			St. Patricks 0	Church		Priest		
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
47 W. High Street						East Har	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-267-6644						Stpatricl	47@sbcglo	bal.net	
Contact Role(s): A	dministrative (Contact, Leg	gal Contact		<u>'</u>	1			

Please note the following:

Towns Served: EAST HAMPTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

		 		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0429194	SPORTS ON 66			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections				1	

Towns Served: EAST HAMPTON

ľ	Mon	itori	ng F	Requi	irem	ents

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarte			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				

Water System Facility:	ENTRY POINT	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)	1 rc	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier		WQP	Stage 2 DBPR
00600	DISTRIBUTION	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
60446	WELL 2	2	WELL 2	Α					
60812	TREATMENT PLANT								

60814 PRESSURE TANK

Contact Information									
Name			Organization	Organization			Job Title		
Mr. Brian Cutler				Sports On 66			Owner		
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
265 West High Stre	et					East Han	npton	CT	06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-267-6611		860-267-2	1628		860-819-1850	brian@s	portson66.com		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of	Public H	lealtn	ושו	rinking	g water	Section	
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0429194	SPORTS ON 66				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
		Connections					1	

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Towns Served: EAST HAMPTON

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule